



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

Annual Report for the year: 2018
Corporation

2018 SEP 11 PM 2:45

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|----------------------|---|---|----------------------------------|---------------------|
| 1. Entity ID Number 541687 | | 2. Exact name of the Corporation GOLDEN DELIVERY INC. | | | |
| 3. Principal Office Address 226 OLD COUNTRY RD. | | City SMITHFIELD | | State R.I. | Zip 02917 |
| 4. NAICS Code 492210 | | 6. Brief description of the character of business conducted in Rhode Island CONTRACTOR FOR FED EX GROUND PACKAGE DELIVERY SERVICE | | | |
| 5. State of Incorporation R1 | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RAYMOND GOLDEN | | | Vice-President Name JOHN ACALABRO | | |
| Street Address 226 OLD COUNTRY RD. | | | Street Address 16 MATEWSON ST | | |
| City SMITHFIELD | State R.I. | Zip 02917 | City JOHNSTON | State R.I. | Zip 02919 |
| Secretary Name MARIA KIFF | | | Treasurer Name RAYMOND GOLDEN | | |
| Street Address 87 TAFT ST | | | Street Address 226 OLD COUNTRY RD. | | |
| City COVENTRY | State | Zip | City SMITHFIELD | State R.I. | Zip 02917 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 1000 | | 0.01 |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. | | | | | |
| Name of Authorized Representative RAYMOND GOLDEN | | | | Date 9/11/18 | |
| Signature of Authorized Representative <i>Raymond Golden</i> | | | | FILED SEP 11 2018 2:45 | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY Ch 13FNB